

***NJDHSS Communicable Disease Service Weekly  
Statewide Influenza Activity Summary***

**Week Ending November 19, 2004**

**Influenza Level of activity                      “NO ACTIVITY”**

**Number of influenza testing performed by the PHEL from November 1, 2004 to date.**

- Number of influenza A culture confirmed case: None
- Number of influenza B culture confirmed case: None

This week, the NJDHSS Communicable Disease Service has not been notified of any outbreak or increased activity in any of health care and long-term care facilities and schools throughout the state. The sum of all the data collected from the entire surveillance activities reconfirms the **“NO ACTIVITY”** level this week.

The surveillance parameters are within the same baseline, when compared with the same period last season. A few of the county percentage parameters showed figures well above the total average (see 16Nov04 Pdf table), but should not be interpreted as an increased level of activity since the denominator is very small.

Reports from long-term care facilities of influenza-like illness since the season began remain around 1.20% to 1.63% range. No facility has reported any laboratory-confirmed cases.

Rates of school absenteeism showed a slight decrease compared to last week's, while emergency department reports remained stable. Hospital laboratory surveillance for respiratory syncytial virus (often clinically indistinguishable from influenza virus infection) is starting to show an upward trend as we move later into the season.

According to the CDC nationwide flu report for week forty-four (week ending November 6, 2004) twenty-eight states, New York City, and the District of Columbia reported sporadic influenza activity, and twenty states reported no influenza activity.

These activity levels were based upon laboratory culture-confirmed cases, and the CDC has antigenically characterized three influenza viruses collected by some laboratories since October 1, 2004, to be influenza A (H3N2) viruses, A/Fujian/411/2002-like, which is the influenza A (H3N2) component recommended for the 2004-05 influenza vaccine.

Influenza virus infection itself is not a clinical or laboratory reportable disease according to N.J.A.C. 8:57. Accordingly, activity levels must be extrapolated from weekly monitoring activities of healthcare facilities and providers dispersed around the state.

The NJDHSS Communicable Disease Service continues to communicate with health care providers throughout the state, on how to accommodate the influenza vaccine shortage that the nation is facing. Working closely with both our national and local partners, NJDHSS continues make progress in making vaccine available, to high priority individuals in New Jersey as stipulated in the CDC guidelines.

**References and Resources:**

- <http://www.cdc.gov/flu/>.
- <http://www.who.int/csr/disease/influenza/en/>